	and the second		Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  /0770702-												·	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS	;	25		• . •			RATE	FEE	]	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	25 minus 20=		. 5			X\$ 9≖		OR	X\$18=	90	
INC	EPENDENT C	LAIMS .	9 minus 3 ≈				·	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								-145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	86 J	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL		
	(Column 1)		(Colum			) (Column 3)		-	ADDI-			ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID	USLY	PRESENT EXTRA	И	RATE	TIONAL		RATE	TIONAL	
	Total	V25	Minus	2	\$	-		XS 9≖		OR	XS18=		
ME	independent	.3	Minus	3		-/	1	X43=		OR	X86= /		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	+145=			+290=		
	( .									OR	TOTAL	$\mathbb{Q}_{\mathbb{Q}}$	
,	6 1 1 2							TOTAL ADDIT. FEE		OR ADDIT. FEE			
<u>み</u>	//3/06 (Column 1) (Column 2) (Column 3)						1 -		^				
AMENDMENT B		REMAINING AFTER AMENDMENT	-	NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	. 28	Minus	<b>-</b> 25	5	• 3		X\$ 9=		OR	X\$18=	150	
	Incependent	- 3	Minus	3	CLAIM	- [		X43=		OR	X86=		
	ring) Phese	in an or me	7C111 CC DC1	LIVOLIVI	00 4		' [	+145=		OR	+290=	•	
TOTAL ADDIT FEE										OR	TOTAL ADDIT, FEE	151)	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	•		á		X\$ 9=		OR	X\$18=	•.	
ME	Indep ndent	•	Minus	***		8		X43=			X86=		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	(	
<b>~</b> t	the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE is	less than	1 20, enter "20."	. A	TOTAL DOIT, FEE		OR ,	TOTAL ADDIT, FEE		
		mber Previously Pa ber Previously Paid					r tour	nd in the app	ropriate box	in col	umn 1.		